



DIET & ACTIVITY REPORT

Name: _____

Date: _____

IMPORTANT INSTRUCTIONS:

Completed reports can be emailed to: wecare@affinityhealthclinic.ca or faxed to: 519-662-1241. Doctors prefer reports to be submitted electronically where possible. Fax is acceptable for those who do not have email.

Our lifestyles are primary influences with respect to our health and associated healing abilities.

How we think, feel and act day-in and day-out directly impacts every aspect of our health and function.

Surprisingly, most of 'healthcare' today pays far too little attention to this essential area and the opportunity that properly targeted lifestyle interventions hold for you and your health.

We take a different stand here and ask that you please take the time to complete the following report carefully and accurately. Doing so will enable us to better understand how you live currently and equip us to individualize and target your advice and support more directly.

List in detail the times you go to sleep, wake up, eat meals and get natural light. List in detail the quantity and the more precise nature of all foods and beverages consumed. Please note if the foods were fresh, frozen, canned, raw or cooked. Be sure to list all beverages, all fats or oils and any condiments used and relative quantities (i.e. mayonnaise, mustard, relish, etc.).

Make note of the time you spend in the equally important areas of creative expression and quality relationships. Please complete each of the sections accurately, as the details of each area featured is important to our understanding and your health. Please also make additional notes on any other lifestyle factors not requested here, yet you feel are relevant to your state of health.

Additional notes on significant occurrences this week that could have affected my health and/or areas I want further feedback and coaching on:

Activity Day 1	Date:	Week:
Awoke at	Time:	By Alarm: Yes / No Refreshed: Yes / No
Morning: Physical Activity	Yes / No	What activity and how long:
Morning Meal	What + quantity and timing of:	
Morning Snack	What + quantity and timing of:	
Noon: Physical Activity	Yes / No	What activity and how long:
Noon Meal	What + quantity and timing of:	
Mid-afternoon Snack	What + quantity and timing of:	
Evening: Physical Activity	Yes / No	What activity and how long:
Evening Meal	What + quantity and timing of:	
Evening Snack	What + quantity and timing of:	
Water	Cups per day:	Liters per day:
Type, quality, quantity of Fats/Oils used throughout the day, if not detailed above		
Condiments used throughout the day if not detailed above (salt, sugar, spices, herbs, etc.),		
Exercise Type and Duration (if not reported above)		
Natural Light	At what times of day and for how long:	
Relaxation/Rejuvenation Activity	What activity + times of day and for how long:	
Quality Time spent relating with loved ones	What activity + for how long:	
Time spent being creative in satisfying ways	What activity + for how long:	
Time to Bed (lights out)		

Activity Day 2	Date:	Week:
Awoke at	Time:	By Alarm: Yes / No Refreshed: Yes / No
Morning: Physical Activity	Yes / No	What activity and how long:
Morning Meal	What + quantity and timing of:	
Morning Snack	What + quantity and timing of:	
Noon: Physical Activity	Yes / No	What activity and how long:
Noon Meal	What + quantity and timing of:	
Mid-afternoon Snack	What + quantity and timing of:	
Evening: Physical Activity	Yes / No	What activity and how long:
Evening Meal	What + quantity and timing of:	
Evening Snack	What + quantity and timing of:	
Water	Cups per day:	Liters per day:
Type, quality, quantity of Fats/Oils used throughout the day, if not detailed above		
Condiments used throughout the day if not detailed above (salt, sugar, spices, herbs, etc.),		
Exercise Type and Duration (if not reported above)		
Natural Light	At what times of day and for how long:	
Relaxation/Rejuvenation Activity	What activity + times of day and for how long:	
Quality Time spent relating with loved ones	What activity + for how long:	
Time spent being creative in satisfying ways	What activity + for how long:	
Time to Bed (lights out)		

Activity Day 3	Date:	Week:
Awoke at	Time:	By Alarm: Yes / No Refreshed: Yes / No
Morning: Physical Activity	Yes / No	What activity and how long:
Morning Meal	What + quantity and timing of:	
Morning Snack	What + quantity and timing of:	
Noon: Physical Activity	Yes / No	What activity and how long:
Noon Meal	What + quantity and timing of:	
Mid-afternoon Snack	What + quantity and timing of:	
Evening: Physical Activity	Yes / No	What activity and how long:
Evening Meal	What + quantity and timing of:	
Evening Snack	What + quantity and timing of:	
Water	Cups per day:	Liters per day:
Type, quality, quantity of Fats/Oils used throughout the day, if not detailed above		
Condiments used throughout the day if not detailed above (salt, sugar, spices, herbs, etc.),		
Exercise Type and Duration (if not reported above)		
Natural Light	At what times of day and for how long:	
Relaxation/Rejuvenation Activity	What activity + times of day and for how long:	
Quality Time spent relating with loved ones	What activity + for how long:	
Time spent being creative in satisfying ways	What activity + for how long:	
Time to Bed (lights out)		

Activity Day 4	Date:	Week:
Awoke at	Time:	By Alarm: Yes / No Refreshed: Yes / No
Morning: Physical Activity	Yes / No	What activity and how long:
Morning Meal	What + quantity and timing of:	
Morning Snack	What + quantity and timing of:	
Noon: Physical Activity	Yes / No	What activity and how long:
Noon Meal	What + quantity and timing of:	
Mid-afternoon Snack	What + quantity and timing of:	
Evening: Physical Activity	Yes / No	What activity and how long:
Evening Meal	What + quantity and timing of:	
Evening Snack	What + quantity and timing of:	
Water	Cups per day:	Liters per day:
Type, quality, quantity of Fats/Oils used throughout the day, if not detailed above		
Condiments used throughout the day if not detailed above (salt, sugar, spices, herbs, etc.),		
Exercise Type and Duration (if not reported above)		
Natural Light	At what times of day and for how long:	
Relaxation/Rejuvenation Activity	What activity + times of day and for how long:	
Quality Time spent relating with loved ones	What activity + for how long:	
Time spent being creative in satisfying ways	What activity + for how long:	
Time to Bed (lights out)		

Activity Day 5	Date:	Week:
Awoke at	Time:	By Alarm: Yes / No Refreshed: Yes / No
Morning: Physical Activity	Yes / No	What activity and how long:
Morning Meal	What + quantity and timing of:	
Morning Snack	What + quantity and timing of:	
Noon: Physical Activity	Yes / No	What activity and how long:
Noon Meal	What + quantity and timing of:	
Mid-afternoon Snack	What + quantity and timing of:	
Evening: Physical Activity	Yes / No	What activity and how long:
Evening Meal	What + quantity and timing of:	
Evening Snack	What + quantity and timing of:	
Water	Cups per day:	Liters per day:
Type, quality, quantity of Fats/Oils used throughout the day, if not detailed above		
Condiments used throughout the day if not detailed above (salt, sugar, spices, herbs, etc.),		
Exercise Type and Duration (if not reported above)		
Natural Light	At what times of day and for how long:	
Relaxation/Rejuvenation Activity	What activity + times of day and for how long:	
Quality Time spent relating with loved ones	What activity + for how long:	
Time spent being creative in satisfying ways	What activity + for how long:	
Time to Bed (lights out)		

Activity Day 6	Date:	Week:
Awoke at	Time: _____	By Alarm: Yes / No _____ Refreshed: Yes / No _____
Morning: Physical Activity	Yes / No _____	What activity and how long: _____
Morning Meal	What + quantity and timing of: _____	
Morning Snack	What + quantity and timing of: _____	
Noon: Physical Activity	Yes / No _____	What activity and how long: _____
Noon Meal	What + quantity and timing of: _____	
Mid-afternoon Snack	What + quantity and timing of: _____	
Evening: Physical Activity	Yes / No _____	What activity and how long: _____
Evening Meal	What + quantity and timing of: _____	
Evening Snack	What + quantity and timing of: _____	
Water	Cups per day: _____	Liters per day: _____
Type, quality, quantity of Fats/ Oils used throughout the day, if not detailed above	_____	
Condiments used throughout the day if not detailed above (salt, sugar, spices, herbs, etc.),	_____	
Exercise Type and Duration (if not reported above)	_____	
Natural Light	At what times of day and for how long: _____	
Relaxation/Rejuvenation Activity	What activity + times of day and for how long: _____	
Quality Time spent relating with loved ones	What activity + for how long: _____	
Time spent being creative in satisfying ways	What activity + for how long: _____	
Time to Bed (lights out)	_____	

Activity Day 7	Date:	Week:
Awoke at	Time:	By Alarm: Yes / No Refreshed: Yes / No
Morning: Physical Activity	Yes / No	What activity and how long:
Morning Meal	What + quantity and timing of:	
Morning Snack	What + quantity and timing of:	
Noon: Physical Activity	Yes / No	What activity and how long:
Noon Meal	What + quantity and timing of:	
Mid-afternoon Snack	What + quantity and timing of:	
Evening: Physical Activity	Yes / No	What activity and how long:
Evening Meal	What + quantity and timing of:	
Evening Snack	What + quantity and timing of:	
Water	Cups per day:	Liters per day:
Type, quality, quantity of Fats/Oils used throughout the day, if not detailed above		
Condiments used throughout the day if not detailed above (salt, sugar, spices, herbs, etc.),		
Exercise Type and Duration (if not reported above)		
Natural Light	At what times of day and for how long:	
Relaxation/Rejuvenation Activity	What activity + times of day and for how long:	
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